

Current and future demand for specialist disability services

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Current and future demand for specialist disability services

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Abbreviations

ABI	Acquired brain injury
ABS	Australian Bureau of Statistics
ACCMIS	Aged and Community Care Management Information System
ACROD	National Industry Association for Disability Services (formerly the Australian Council for Rehabilitation of Disabled)
ACT	Australian Capital Territory
ADD	Attention deficit disorder
ADHD	Attention deficit hyperactivity disorder
ADL	Activities of daily living
AIHW	Australian Institute of Health and Welfare
AIL	Activities of independent living
Aus Gov	Australian Government
AWEC	Activities of work, education and community living
CAP	(Western Australia) Combined Application Process
COAG	Council of Australian Governments
CSDA	Commonwealth/State Disability Agreement
CSHA	Commonwealth/State Housing Agreement
CSTDA	Commonwealth State/Territory Disability Agreement
CURF	Confidentialised unit record file
DEN	Disability Employment Network
DEWR	(Australian Government) Department of Employment and Workplace Relations
DoHA	(Australian Government) Department of Health and Ageing
DPRWG	Disability Policy and Research Working Group (formerly National Disability Administrators)
DSP	Disability Support Pension
DSQ	Disability Services Queensland
DSR	Disability Support Register (Victoria)
EWL	Education, work and leisure
FaCSIA	(Australian Government) Department of Families, Community Services and Indigenous Affairs
GST	Goods and Services Tax
HACC	Home and Community Care (program)
ICF	International Classification of Functioning, Disability and Health
NATSEM	National Centre for Social Economic Modelling

NGO	Non-government organisation
NMDS	National Minimum Data Set
NDA	National Disability Administrators (now the Disability Policy and Research Working Group)
NSW	New South Wales
NT	Northern Territory
Qld	Queensland
RAF	(Queensland) Registration, Application and Funding database
RSE	Relative standard error
SA	South Australia
SAAP	Supported Accommodation Assistance Program
SCRCSSP	Steering Committee for the Review of Commonwealth/States Service Provision
SCRGSP	Steering Committee for the Review of Government Service Provision
SDAC	Survey of Disability, Ageing and Carers
Tas	Tasmania
Vic	Victoria
WA	Western Australia

Summary

The Australian Institute of Health and Welfare (AIHW) was commissioned by the Disability Policy and Research Working Group (DPRWG) to conduct this study to provide information on unmet demand for services provided under the Commonwealth State/Territory Disability Agreement (CSTDA). The study addresses the following key questions:

- What is the profile of current CSTDA-funded service users?
- How much unmet demand is there currently for accommodation and respite services, community access services, and employment services?
- What factors affect levels of demand, and how are levels of demand expected to change over coming years?
- What are the important interfaces with other service sectors, and what issues at these interfaces affect levels of demand for disability services?

This is the fourth study conducted by the AIHW on the topic of met and unmet demand for disability support services using the latest available data (AIHW: Madden et al. 1996; AIHW 1997, 2002) and is largely an update of analyses conducted in the two most recent studies.

Profile of met demand

There were 200,493 users of CSTDA-funded services in 2004–05, up from 187,806 in 2003–04. Of all service users, 33,787 (17%) used accommodation support services, 92,610 (46%) used community support services, 44,166 (22%) used community access services, 23,951 (12%) used respite, and 64,835 (32%) used employment services. Intellectual/learning disability was the most common primary disability reported by service users (45%), followed by physical/diverse disability (19%), psychiatric (8%) and sensory/speech (7%) disability. A total of 6,285 services users (3.1%) were of Aboriginal and/or Torres Strait Islander background. (See Chapter 3 for more detail on service users.)

Estimated unmet demand for CSTDA-funded services

Unmet demand is estimated through analysis of the Australian Bureau of Statistics' Survey of Disability, Ageing and Carers. The CSTDA target group corresponds closely to the ABS survey definition of people with 'severe and profound core activity limitation' – that is, people who sometimes or always need help with activities of self-care, mobility or communication. Baseline estimates of unmet demand, derived using the 2003 survey data, were updated to 2005 to account for population growth and increased supply of CSTDA services between 2003 and 2005. These estimates of unmet demand were compared with jurisdictional waiting list information, to present consolidated estimates of unmet demand.

In 2005, unmet demand for **accommodation and respite services** was estimated at 23,800 people. The estimate is subject to a relative standard error of 17% (4,000). Therefore, there are about 19 chances in 20 that it is within the range of 15,900 to 31,700.

There are various indications that under-met demand may constitute a substantial part of the estimated unmet demand:

- The majority of the extra unmet demand in 2005 could be attributed to services being unable to provide enough hours, or costing too much (Table 5.4).

- In the 2003 disability survey, more than half of the primary carers with unmet demand for respite reported that they had received respite but needed more.
- Home and Community Care program data suggest that, while numbers of younger people accessing HACC services over recent years have increased, the amount of service they receive (average hours) has fallen (Chapter 7).

In 2005 unmet demand for **community access services** was estimated at 3,700 people. The estimate is subject to a relative standard error of 40% (1,500). Therefore, there are about 19 chances in 20 that it is within the range of 1,000 to 6,600.

This unmet demand estimate may be regarded as conservative because (See Section 5.5):

- in adjusting the estimate for changes in service supply between 2003–04 and 2004–05, recreation/holiday programs were excluded (their inclusion would have resulted in an estimate of 9,400, rather than 3,700); and
- unlike the estimate of unmet demand for accommodation support and respite services, this estimate does not include under-met demand – only people who reported that they did not currently attend a day activity were included (See Figure 5.2).

The 2005 estimate suggests a low level of unmet demand for disability **employment services** (1,700 people). The estimate is subject to a very high relative standard error (55%) and is considered too unreliable for general use.

The very low estimate in 2005 should not be interpreted as an indication of no unmet demand for disability employment services. The decline in unmet demand in 2005 is partly due to the decrease of 21,200 people of working age with a severe or profound core activity limitation who were in the labour force. This comprises a decrease of 17,600 employed people (most of them were aged 50 years or over) and 3,600 unemployed people (Table 5.6).

All three estimates of unmet demand are considered conservative. Methods for deriving the estimates using the survey data are described in sections 5.2 (accommodation and respite), 5.3 (community access) and 5.4 (employment). For detailed discussion of these estimates, and comparison with 2001 estimates of unmet demand, refer to Section 5.5 and Chapter 8.

Projected future demand and related issues

Based on projected trends in the ageing of the Australian population, the broad CSTDA target population is projected to grow substantially – the number of people aged 0–64 years with severe or profound core activity limitations is projected to increase to 752,100 people (an increase of 34,600 people, or 4.8%) between 2006 and 2010 (Chapter 6). Other factors that may contribute to an increase in future demand include:

- increases in the prevalence of some long-term health conditions particularly related to disability
- increases in levels of need for assistance, due to ageing of the CSTDA service-user population and ageing of their carers
- the ongoing trend towards community-based living arrangements for people with disabilities
- decreases in access to some mainstream housing options of particular relevance to people with disabilities, particularly public housing and boarding houses
- a projected fall in the ratio of informal carers to people with a disability.

Levels of access to generic services, such as aged care, health, and housing, will also affect levels of demand and unmet demand for CSTDA services (Chapter 7).

Issues relating to interfaces with other services sectors

People with a disability, like the general population, rely on a range of government-funded services to meet their various needs. Disability services alone cannot meet all the needs of people with a disability. Levels of access to generic services, such as aged care, health and housing, can affect levels of demand and unmet demand for CSTDA services.

Ageing of the general population, and of the population with a disability, is likely to increase demand for services to support both disability and ageing needs in the future. People may need complementary combinations of support from both the disability and aged care service sectors. The interface between the two sectors is of particular relevance to people ageing with an early onset disability and younger people with a disability living in residential aged care accommodation (Chapter 7).

Regarding the demand for disability employment services, it is important to consider both the interfaces between CSTDA-funded employment services, generic employment services, and other general service programs such as education and health; and between CSTDA-funded employment services and other CSTDA service types.

Broad data issues relating to estimation of demand for disability services

While the CSTDA National Minimum Data Set is a valuable source of nationally consistent data concerning the supply of disability services, currently it does not collect information on unmet demand for disability services. The ABS disability survey does not directly provide information on unmet demand for specific CSTDA service types; unmet demand must be implied, based on a variety of relevant information supplied by survey respondents. Existing jurisdiction data on unmet demand are incomplete, inconsistent and subject to various data issues, and therefore do not provide a solid basis for estimation of unmet demand (Chapter 4).

A substantial investment of resources would be needed to improve the quality and consistency of jurisdiction-level unmet demand data. Reliable and comparable administrative data on unmet demand could be used in conjunction with national disability survey data to provide solid unmet demand estimates to inform policy and planning.